AZCCC Disparities Committee
Community Assets

What assets do each of us (as committee members) bring?

ITCA Epidemiology Center – Dr. Zeenat Majal – reducing cancer disparities in Native American communities

AZCCC – Jennifer Kjos, Taira Kochar – support for committees; priority area for state cancer plan; opportunity for committees to discuss issue

Sylvia Brown – Native American health disparity issues; BCC Hopi & Navajo needs assessments

Kenton Lafoon – SAICN – research a taboo subject & attempting to give ownership of research to tribes to take ownership of what is published, focus on what they see as problems

Agnes Attakai – UA – personal and professional interest; Native American easy-to-read materials with NA art, cancer education, health fairs to disseminate cancer information; working with migrant farmworkers on cancer education; educate on cancer control field and who to contact (connections)

Norm Peterson – ITCA – serves as clearinghouse for most tribes in AZ, UT, NV; work on conferences & workshops; interest in finding out concerns of tribes (in cancer control); connections with various tribes and can pool info from them; cultural competency training; direct contact with communities

Patrice Al-Shatti – Sun Health – clinician who works with families in cancer care; experience navigating people in decision making in cancer care; help to interplay with system to help with decisions; strong history working with oncology groups (Banner Health experience); focus area is in NW Valley (Sun City area); palliative care expertise & would like to see it weaved into objectives

Paran Pordell – CDC/ADHS – guidance & support for committees; liaison to national efforts; liaison to Center for Minority Health; has both personal and professional interest; experience working with different communities (Native Hawaiians, Asians, Native Americans, Africans, LGBT); clinical experience working with underserved hospitals for STD screening and experienced needs (other than health) of community first-hand; interested in making sure people get info they need in way that is relevant

Pattie King – Gila River Indian Community – caregiver for family member with cancer; part of the community served; LPN for 25 yrs; advocate for cancer survivors and cancer issues in general; works directly with people who have struggled (own population & others) with cancer; recognizes it is about education of cancer, social issues related to disease; cancer services advocate for cancer support group (founder), which was

identified need for community members (form of navigator program); believes person with a lot of passion for issue can help to connect with communities and provide voice

Hong Chartrand– Asian Pacific Community Action – health issues of Asian PI; health education and disparities; refer people to resources in community; cultural and language barriers and can serve as link to that community; priorities include correctly adapted and translated material and information to Asian PI community; health fairs

Sheri Gallagher – work with providers and physician offices; no charge cultural competency training; CLAS principles based; help practices implement standards

Analilia Amador – Skin Institute, skin cancer prevention, community specialist – Hispanic community outreach; focused in Tucson; limited work has been done; now focused on breast and colon cancer; community mobilization experience; increased participants during her years experience; deal with Telemundo to have cancer messages disseminated nationally; capability for translating material; strong commitment to do what it takes & attention to detail

Jeannette Dalrymple – Western Regional CCOP & Banner Good Samaritan – health fairs; currently evaluating assets & barriers internally; involved directly in assessing this for hospital; focus on issues like transportation and hotel stay for patients, translating materials; has personal involvement in helping underserved and has developed strong compassion for issue; trying to help hospital define problems and be part of solution; part of SW Indian Coalition; involved in LGFB classes at hospital; works toward getting the right people

Kathy Medal – WWHC program – has worked with homeless and mentally ill; finds it difficult to outreach to underserved communities; wants to help improve situation; want to help ADHS succeed (top 20) in program

Tracy Reardon – Colorectal cancer initiative @ ACS – funded through Prop 303, provider education about talking to patients about screening; specifically supports Coconino, Yavapai, Gila and eastern Maricopa with late stage diagnosis & higher rates of colon cancer; works with healthcare facilities who work with uninsured/underinsured;

Tim Flood – Bureau of Health Statistics – information in data sets from vital records and state cancer registry data; role is to show big picture of cancer burden and health disparities in AZ; gather data from hospitals and other healthcare facilities & compile into data set to analyze; steering committee member for AZCCC; long standing experience in cancer control; helps to move process of compiling data for other organizations relative to disparities

Kim Russell – ADHS office of health systems development – Native American community liaison; promote health and primary care to Native Americans in AZ; has worked with Native Health in Phx; working to build relationships with tribes and county health; hopes to build bridges with communities; is a part of the community served,

worked with Salt River Indian Community; territory issues with IHS have been an issue in her experience; working to get systems to work together; resources not always linked to right people; can serve as voice of her community and eager to use that voice (locally & nationally); would like to have more Native American staff and more liaisons to AZ tribes because issues and activities are so broad

Maria Tirado – NCI CIS – mission of partnership is to provide cancer information & education to underserved and minority populations; worked with Hispanic, Native American populations; training experience; state rep for AZ; bring willingness to learn and listen; believes her role is to help and recognizes importance of relationship building; has learned about assets and issues that influence Hispanic community actions and beliefs

Veronica Perez – ACS – part of role with ACS is to manage diversity team and disparities task force as well as outcomes management; experience working with Hispanic, Native American and youth communities; tobacco control experience; strong personal and professional commitment

Tangible community assets

Schools
- -community colleges & universities; Gateway building Native American vocational research program
- -cooperative extension programs; nutrition programs
- -school-based health programs

Clinics

Churches/faith-based organizations
- -strong in African American communities
- -parish nurses program

Radio/TV/Media
- -AZ 411

Organizations/Social service orgs
- -LGBT organizations like Lesbian Health Project
- -CPLC
- -Area Agency on Aging (find out if ACS has partnership); ITCA has relationship
- -ABIL & SILC (organizations working with disabled)
- -SISTAS (African American women's organization)
- -Luz Social Services
- -Office of Health Systems (community development program; partnership with AACHC); primary care education programs
- Cancer Centers
- ADHS
- College of Public Health
- ITCA
- PIMC

Businesses

-grocery stores (Asian cultural center; Mexican/Hispanic stores like Food City & Ranch Market) for health fairs or information dissemination; Bashas has community funds available; cooking & nutrition classes/education; sponsorship for events; teaching good habits
-Target & Walmart stores have community funds
-Casinos

Health Plans
-BCBS, Cigna

Strong hospice presence (at least 20) very geographically based
Organization for hospice & palliative care (continuing education, etc) – AZ Hospice & Palliative Care Organization
Public Libraries – many people are getting info from libraries
WAHEC SEAHAC
Rural health office
Neighborhood associations (senior populations, ethnic minority populations)
Cancer Support Organizations (Wellness Community, Sunstone)
AHSC medical library UA
TGen
NAU
Corporations/Employers
Employee Wellness Initiatives

Intangible community assets

Older adults becoming more tech savvy; community centers help support & foster
E-health initiative; effort to de-fragment information out there
Strong sense of community pride; high motivation to make change
Rural area patients tend to know doctors better
Family & community support
Legislation to provide education for limited English proficiency
Requirements for cultural competency standards for healthcare professionals
-part of the ACOS certification; and others

Sense of tradition & traditional foods in communities (can translate to nutrition and well-being)
Youth
-many serve as advocates for health care or POA for families with language barriers; could build skills
-youth leadership program for LULAC

Family members serving as “navigators” in cancer care; teaching families to serve in that role
Patient advocates who can work with families …
Case Managers – following patients through treatment (Hopi)
Native Americans- Not leaving others behind – Family bond – Clan system
Native Americans- Strong sense of caring for one another- sense of identity
In home care program in Navajo

Knowing customs, traditions, beliefs in different populations
Community Events such as State, Tribal Fairs, Black Expo, Hispanic Conference (church fairs and fairs in rural communities, gay pride events)
El Rio Health Center
St. Elizabeth, St. Mary's
Mexican Consulate
National Cancer Partners (ICC, LAF, CDC)
Local Chamber of Commerce
Hispanic, American Indian, Asian, Chinese, Filipino, African American Chamber of Commerce
(case scenarios for survivors)
Collecting stories/testimonials for standards of excellence
Pow Wow's
ADHS Tobacco Education Prevention Program –media sponsorship opportunities

BARRIERS
Prevention
Access to services for AI who live in rural areas
Lack of Education/ Knowledge
Transportation / Distance
Substance abuse issues
Access to fruits/vegetables
Basic needs take priority
Poverty
Materials that target specific populations
Culturally appropriate/linguistically appropriate materials
Community Researchers-mentoring and education requirements, how to help the community to create education resources , support and mentor to others who may lack master or PhD degrees but interested and passionate about issues
Lack of knowledge about where to go to for specific help – Empowerment
Lack of natural organic leadership in rural communities, where it is difficult to identify
Perception that everything fits all Native populations, need to stress individuality of tribes
Lack of recognition and effort to address the professionals in rural areas who have to leave their rural communities because of lack of opportunities
Access to prevention programs that are suitable to people, program that is linked and accepted by the community
Lack of true community mobilization
Lack of funding to innovative programs
Denial
Cultural beliefs, what I don't know won't hurt me
Not sharing information about health care providers
Fatalistic attitude; something happened to you for a reason; keep information from family or not discussed with family
Most information is in Western self-centered basis; most other cultures are family-centered

Most programs don't talk about how to involve the family; family implications
Illegal/undocumented status can lead to avoidance of early intervention programs
Feeling uncomfortable speaking with others about their health with people outside their culture
In educational materials also focus on the positive also pointing out what is right in the community, and that cancer can be prevented and treated effectively
Lack of knowledge about effects of marihuana on lung cancer

Early Detection and Screening
Cultural barriers
Access to services
Ignorance of symptoms
Fear
Shame
Undocumented may be afraid for fear of disclosing status
Never been screened
Being screened only once
Conflicting information about screening recommendations
Not trusting source of information
Transportation
Education and procedures for medical professionals to interact with minority and medically underserved populations
Lack of physicians they can relate to , women, minority
Lack of availability of screening capacity in rural areas
Attitude that don't need the doctor unless there is something wrong- foreign concept of preventive health
Lack of information about what motivates people to be screened, positive outlook and focus on the positive behaviors that should be reinforced
Focus on breast and cervical, focus on women. Not enough focus on males and fact that it affects everybody.
Little cross adaptation of what has been done in for profit field, transfer their knowledge about salesmanship in dealing with special populations. Social marketing.
Financial barriers
Not seeing themselves as vulnerable to a specific disease (skin cancer)
Sensitivity around colorectal cancer screening
Many cancers don't have screening tests

Treatment
Transportation
Need to help family acknowledge and understand disease process, treatment, treatment side effects.
Challenges involved with co morbid diseases like diabetes, heart disease
Financial barriers

Quality of Life

Not going to support group should help the families so that they can be the support for the patient
Denial of death as a possibility
Incapacity to deal with palliative care
Distrust of physician or opposite, that they will not question the physician and may not know that they have choices
When to know treatment is enough
Lack of education about hospice and palliative care
Bridging discussion about own mortality
Materials to complement resignation people may have about death to help them along acceptance of hospice/palliative care
Include language about palliative care
Geographic access to hospice care
Education about life sustaining treatments and right to not sustain life
Underutilization of hospice/palliative care
Need to train more community members/family to provide palliative care because nurses can not be there all the time
Families left by themselves to care for family members with little support
Not enough outreach efforts in churches